

## Problem Housing File Review

Offender & GDC #	Counselor	Last Contact	RPH Offender (yes/no)	Number of Residences Denied by Parole	Current Status

Institution: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

CC: local file  
Deputy Warden of Care and Treatment Warden

Retention Schedule: Upon completion, this form shall be maintained for four (4) years and then destroyed.